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AUTHOR French, Warren A.; Thorson, James A.
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ABSTRACT

This study presents a set of opinions on how to obtain rapport with and give preliminary counseling to individuals who have adopted distinct and different aging mannerisms. The nine mannerisms treated were abstracted from the studies of Neugarten and Reichard. The research sample was selected from the members of the Gerontological Society. Six forms of the final research instrument were created, each containing three of the nine behavioral mannerisms. Each mannerism appeared on two of the six forms. Combinations of any two stereotypes appeared only once in the six forms. The sample was asked to: (1) estimate the percentages of the elderly population that could be described by the three stereotypes, (2) recommend the best way to attain rapport with and resolve the problems of each group, and (3) suggest motivating appeals for making changes. Regardless of type of behavior senior citizens exhibited, there were three universal rules that the gerontologists laid down for the rapport and counseling process. (1) Individual people deserve individual attention. (2) Every person, irrespective of state of mind or background, must be treated with dignity and respect. (3) Listen, observe and empathize before making suggestions. Recommendations for each of the mannerisms are presented. (Author)

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MANNERISMS OF THE ELDERLY AND APPROACHES TO RAPPORT

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Warren A. French, Ph.D.
University of Georgia

&

James A. Thorson, Ph.D.
University of Nebraska, Omaha

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Creating stereotypes in any behavioral discipline is a risky venture. There will inevitably be overlaps between stereotypes, evolution from mannerism to mannerism, as well as behavior which doesn't fit into any set classification. Yet, in counseling senior citizens it is not unusual to consciously or subconsciously distinguish and then group behavior according to stereotypes. This grouping procedure, while subject to misuse in the counseling process, is in itself defensible.

Studies by Neugarten, Havighurst & Tobin (1968) and Richard, Livson & Petersen (1962) among others have empirically identified distinguishable mannerisms which the elderly adopt in adjusting to old age. Assuming the existence of these mannerisms, it would be interesting to learn how gerontologists suggest addressing elderly people who exhibit such behavior. Determining successful approaches to these individuals can provide a basis for the rapport necessary to: 1) uncover causes of adjustment problems, 2) assess the seriousness of those problems, and 3) implement counseling suggestions.

The Study

This study presents a set of opinions on how to obtain rapport with and give preliminary counseling to individuals who have adopted distinct and different aging mannerisms. The mannerisms treated were abstracted from the aforementioned studies of Neugarten and Reichard. The stereotypes, nine in all, are by no means exhaustive of all behavioral modes adopted by senior citizens. The particular categories were selected only because they represented a frequently observed cross section of behaviors.

The Nine mannerisms were summarized in short descriptive paragraphs. Acknowledging the problems inherent in synthesizing, it is felt that the essence of each behavior was adequately portrayed in the descriptions. A pilot study

containing all nine categories was sent to a sample of members of the Gerontological Society.[1] Based on that sample's comments a set of survey forms was prepared.

Six forms of the final research instrument were created, each containing three of the nine behavioral mannerisms. Each mannerism appeared on two of the six forms. Combinations of any two stereotypes appeared only once in the six forms. These combinations were set up to establish dominance patterns as the respondents estimated the frequencies of each mannerism.

Estimating percentages of the elderly population that could be described by the stereotypes was the first item of information asked from the sample. The second item was a recommendation of the best way to attain rapport with and resolve the problems of each elderly group. The third item concerned life style descriptions which could be used to create motivating appeals. The research sample, just as the pilot study sample, was selected from the members of the Gerontological Society. 210 forms were returned from a mail survey resulting in 184 usable questionnaires.

Responses to the questionnaire items were varied, showing disagreement as well as agreement. In the aggregate, though, identifiable answer patterns did emerge. Some of the approaches suggested were similar for all nine mannerisms; others were case specific. The identified patterns of suggested approaches have been summarized and are presented in the following sections. The relevant motivating appeals are presented in the APPENDIX.

The Findings

No matter what type of behavior senior citizens exhibit there were three universal rules that the gerontologists laid down for the rapport and counseling

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[1]The formal names of some mannerisms were changed in the descriptions to facilitate respondent comprehension.

process.

1) Individual people deserve individual attention.

2) Every person, irrespective of his state of mind or background, must be treated with dignity and respect.

3) Listen, observe and empathize before making suggestions.

The recommendations for each of the nine mannerisms are presented in order of group prevalence, i.e., the first group, Happy Actives, was considered most prevalent while the ninth group, Angry, was rated smallest in number. Noting the actual percentage for each group would be misleading since only three mannerisms were contained on any one survey form. For the sake of interest, however, the maximum upper limits for each stereotype as estimated by the sample are marked after the group description.

1) The "Happy Active" Group (maximum -- 20% of the elderly)

> The Happy Actives have had success integating themselves into retirement living. They attempt to stay active by reorganizing their lives, substituting new activities for those which were abandomed after retirement. They enjoy life by seeking new experiences and social interaction.

This group was rated as the largest of the nine under consideration. Judging from their behavior, the Happy Active may be able to teach a gerontologist as much as he can teach them. They are considered to be self reliant to the point where a number of survey respondents strongly recommended leaving them alone. These respondents seemed to fear that overzealous but undertrained counselors might create rather than solve problems.

A two step approach was suggested for any help the Happy Actives might request in adjusting to retirement living. The first step is to direct them to meaningful activities -- activities preferably centered on personal interaction. The list of activities suggested spans a wide range from cultural to political involvement. No matter what the activity, Happy Actives make excellent candidates for leadership roles. One activity that merits special mention is

that of volunteer work with senior citizens who are experiencing difficulty with the aging process.

The second step of the counseling process is paradoxical. It is to remind these people that new activities are not vital to feeling youthful. They don't have to give up old experiences and joys. The key is to offer rather than push choices, providing reinforcement but not criticism. If judiciously counseled they can recognize the dangers of overinvolvement and be prepared for possible setbacks.

2) The "Directed Interest" Group (maximum -- 20% of the elderly)

> The Directed Interest group shows a mature approach to old age. Life has been and continues to be satisfying for them. As contrasted with the Happy Actives, the Directed Interest people have chosen a rather small number of activities to which they devote time and energy.

The Directed Interest group appears to be about as large as the Happy Active segment. They show intelligence in the way they have accepted old age, and they can be approached openly and rationally. Recognition and appreciation of their work usually breaks down any barriers to rapport.

The Directed Interest people are generally self-sufficient and need little counseling. The survey respondents advocated supporting their current interests but cautioned against encouraging new activities. They, like the Happy Actives, have the wherewithall to accomplish and the ability to lead.

One positive service the gerontologist can provide is to help the Directed Interests plan their time and make realistic use of their energy; then provide information about activities relevant to their interests. If a match can be made between volunteer work and their interests, all the better. The survey respondents did suggest watching for evidence of ruts or boredom but warned against trying to change the Directed Interests' habits against their will.

3) The "Health Concerned" Group (maximum -- 15% of the elderly)

> The Health Concerned people are preoccupied with their physical well being. They have lived a satisfying life but view old age, new experiences, and social interaction as threatening that satisfaction. To avoid these threats they structure a narrow set of activities for themselves which they pursue in a habitual pattern.

The Health Concerned can be split into two subgroups: 1) those who have a real health problem, and 2) those who are preoccupied with their health because of either a fear of aging or boredom.

One-fourth of the sample suggested introducing the first subgroup to information, or more properly, to an educatonal program about the physical realities of aging. This suggestion follows the reasoning that being able to recognize potential problems is a necessary step toward adjusting behavior. Contrary to the adage "ignorance is bliss" the sampled respondents believe that ignorance leads only to worry and fear. These people are scared, and information is as significant to their well-being as support and empathy.

Empathy, in turn, is important in counseling the second subgroup as well as the first. Health Concerned people are usually unhappy. The working goal is to get the second subgroup's minds off health and convince them that they are needed. Admittedly, their concern for health may be the best way they know to cope with the pressures of aging. A few of the respondents suggested reviving the Health Concerned's old activities, but over 40% of the sample recommended involving theme in new and different activities. These new activities, non-strenous in nature, would be especially worthwhile if they entailed social involvement.

4) The "Disengaged" Group (maximum -- 15% of the elderly)

> The Disengaged are self directed, calm and contented. They have accepted old age by reducing their activities to a relatively low level. Although interested in the goings-on of the world they prefer to withdraw from most of their past personal associations and activities.

The sampled gerontologists expressed differing opinions about disengagement. Some of the respondents suggested that the Disengaged be left alone since their problems are minor. Others worried that disengagement could easily lead to states of health concern or apathy. Perhaps, these differing views can be better understood by examining the path to disengagement, i.e., whether it is voluntarily chosen or not.

Some choose disengagement either because of lack of opportunity to do otherwise or because of perceived societal pressure. These people need assurance that old age does not necessarily mean disengagement. The task for the gerontologist is to seek out interests and then offer alternative choices for involvement. Assuming an underlying desire to become involved, remotivation therapy using a calm, soft sell might work. Direct personal support is called for to allay subconscious fears of defeat.

For those who have voluntarily chosen disengagement the counselor can offer opportunities for involvement but must respect uninvolvement. These people dislike pressure, and a low key approach is warranted. They want to be considered open minded and progressive so discussing current events and things of mutual interest may be all the help that is needed. Disengagement may be a realistic life given their desires and resources. There is also a high probability that these people were introverts before they retired.

5) The "Support Seekers" Group (maximum -- 10% of the elderly)

> The Support Seekers, although moderately active, prefer a passive life. They have strong dependency needs and lean on others for emotional support and responsiveness. Retirement for them is a refuge, a safe port after the turbulent working years.

Working with the Support Seekers may not be difficult but it entails a careful approach. The overwhelming response of the sample was that this group be given the support that they desire but support with a purpose. There is a

very real danger that the gerontologist can foster dependency by giving too much support. Such a dependency could actually lead to regression rather than build self-sufficiency.

Developing new skills and redeveloping old skills are the primary means suggested for encouraging self-sufficiency. Group involvement, especially that which emphasizes simple activities in a non-threating environment, was also recommended. The more serious cases call for one to one counseling with intermediary help from the family.

These people make excellent subjects for volunteer work by better adjusted senior citizens. The Support Seekers truely need friendship and affection but not sympathy. This is a fine line to tread by either the volunteer worker or the consulting gerontologist.

6) The "Holding On" Group (maximum -- 10% of the elderly)

> The Holding On group contains achievement oriented people who drive themselves hard. They are defensive about their age, fear the rocking chair image, and are reluctant to admit that they are indeed old. In keeping with this defensive posture they try to hold on to life by keeping busy.

The Holders On exhibit mannerisms more commonly found in the newly retired than in the over 75 age group. Their activities may well be an effort to make up for lost years and/or a defense mechanism against the image of old age. Rather than starting immediately to break down their defensive posture, the sample suggested trying first to understand the fear of letting go. Also let them talk out the gratification they get from keeping busy.

Unfortunately, the most appropriate time to reach the Holders On is after they have overexerted themselves. If it is possible, effort should be made to direct them initially to tasks they can successfully cope with and then to fun related activities. The gerontologist needs to stress that a noncompetitive life is not sinful, that it is alright to relax and enjoy life. After noting

the individual's likes and dislikes, the positive aspects of alternative life styles can be pointed out. Remembering that the Holders On can't tolerate failure which they believed is caused by age related deficiencies, any activity recommended and followed should be reinforced with praise.

The aura of the youth orientation that some of these people cherish may be too strong for a gerontologist to overcome. In these cases confrontations are best left to trained psychologists. In marginal cases role playing and mental health discussions may bear fruit. Involving the extended family with this orientation may also be of some help.

7) The "Apathetic" Group (maximum -- 10% of the elderly)

> The Apathetic group contains elderly people who have truely retreated to their rocking chairs. They feel that life is hard and there is not much they can do about it. Thus, they limit social interaction and, as contrasted with the Disengaged group, make little effort to keep up with things outside their immediate surroundings.

The Apathetic are frustrating to work with. Life presumably was hard on them before they retired and their apathy has probably evolved over a period of time. Further evolution is quite likely to lead to senility. Because of this health hazard they need help.

Change is hard for these people so the recommended first step is to try and find the cause(s) of their apathy. This is difficult since true rapport occurs only after a gradual, time consuming approach. The sample respondents cautioned that success depends on a warm, one to one relation. Remotivation techniques are needed, working to involve the apathetic in any interest that still exists. Again, this is difficult because they are likely to display a short interest span for activities.

The task is to convince them that there is more to old age than to waste away. Without self-esteem or the feeling that they have something to offer, regression appears imminent. Professional help may be the most realistic

answer. Techniques of psychotheraphy and even reality theraphy are best left to the highly trained counselor.

8) The "Self Blaming" Group (maximum -- 5% of the elderly)

> The Self Blamers look back on life as a series of unattained goals. These perceived failures have caused them to be highly critical and contemptuous of themselves. They sit in depression showing little sign of ambition or initiative.

It will take a highly trained individual to bring the Self Blamers out of their masochistic misery. The gerontologist has to walk a narrow path between two pitfalls in the counseling process. The first of the two hazards is to extend sympathy, for it neither provides the comfort intended nor does it stimulate a positive reaction. The second pitfall is embodied in the aggressive effort to involve the Self Blamer in ongoing senior citizen center programs.

Social interaction, although recommended in some cases, is not an automatic cure for depression. Meeting with Happy Active and Directed Interest people can have an opposite effect than that desired. The interaction could reinforce feelings of inadequacy and failure. Rather than looking for an audience to catch their anger the Self Blamers prefer to avoid social contact and brood alone.

Any approach to have the slightest possibility of success, has to be individually tailored. The recommended first step is to tactfully search out and praise the positive aspects of their lives. The second step is to build a bridge, however fragile, from past achievements to possible accomplishments in the present. Unfortunately, this is easier said than done, and the sample respondents questioned whether their training was adequate to cope with problems involved in treating deep seated guilt.

9) The "Angry" Group (maximum -- 5% of the elderly)

> The Angry group consists of aggressive, rigid, and highly suspicious people who see themselves as victims of circumstance. They derive little pleasure from life and look back on the past as a series of disappointments. They view life as a failure, but project the blame for that failure onto others rather than onto themselves.

This group while perhaps the smallest in number has provided the most consternation for the sample respondents. Not only are the Angry difficult to work with, but over ten percent of the respondents felt it was beyond their ability to render any meaningful help. The recommendations for establishing rapport reflected this discouragement in that passive approaches, e.g., empathy and providing a friendly ear to listen to complaints, were emphasized.

Positive suggestions to modify the Angry's behavior center on two strategies. The first is to have them undertake activities which result in immediate rewards. Then reinforcement through praise might stimulate similar behavior. The second suggestion is to channel their anger into something constructive. Political and community causes are possible candidates the their efforts. Just how these strategies are to be implemented was not mentioned by the sample.

roducing them to better adjusted senior citizens may help, but the respondents cautioned against using younger counselors. The sample respondents' comments show a reluctance to deal with the Angry. Whether the reason is the low likelihood of success, or the possibility of being the focal point of blame or the distaste of seeing people destroy themselves, the gerontologists prefer refering the Angry to mental health centers and professional care.

Conclusions

For the elderly, the pain of anticipating aging problems can be as devastating as the pain of actually experiencing those problems. This anticipation often leads to frustration, especially when senior citizens sense a loss of either physical powers or respect. Note that apathy and anger, two of the stereotypes discussed, are classic reactions to frustration. It could be effectively argued that at least two of the remaining mannerisms, holding on and self blaming, are also adopted out of a sense of frustration.

When working with these people demands are made of the gerontologist to be more than a processor of people and information. The task becomes one of alleviating fear and then building a feeling of self-worth. Hence, it is disheartening to learn that many of the respondents dismissed the Angry and Self Blamers as incapable of being helped. That opinion signifies not just the seriousness of those two mannerisms but the acknowledged inability of counselors to cope with certain problems. Yet, this admission and the subsequent referral to qualified psychotherapists is a far superior course of action than the standard recommended panacea of group involvement in senior citizen center activities.

Even with adequate training the mannerisms encountered are difficult to change since they have probably evolved over time. There is the additional problem that the mannerisms may continue to evolve through the latter stages of old age. The speed of transition depends not only on personal and social considerations but on the individualized help available to senior citizens. In turn, the help which the gerontologist can offer is directly related to how well he can recognize the behavioral problems confronting him.

Training, though, can go only as far as the information available. As more work is completed on the different mannerism types, the gerontologist will have more data upon which to make counseling recommendations. Specific work is needed on how to suggest alternative courses of action leading to successful aging for the different mannerisms treated.

Neugarten, B. L., Havighurst, R. V., & Tobin, S. S. Personality and patterns of aging. In B. L. Neugarten (Ed.), Middle Age and Aging. University of Chicago Press, Chicago, 1968.

Reichard, S. Comparison of five patterns. In S. Reichard, F. Livson & P. G. Petersen (Eds.), Aging and Personality. Charles C. Thomas, Springfield, Ill., 1962.

APPENDIX

MOTIVATING APPEALS

GROUPS / APPEALS	Happy Active	Directed Interest	Health Concerned	Disengaged	Support Seeker	Holding on	Apathetic	Self Blaming	Angry
Try new things	+	+	0	0	0	0	–	–	–
Enjoy their children	+	+	0	0	0	0	–	–	–
Concern about appearance	+	+	0	0	0	+	–	–	0
Agree with others	–	–	0	–	+	0	–	0	–
Show self suffiency	+	+	0	+	–	+	–	0	0
Concern about health	0	0	+	0	+	0	+	+	0
Enjoy physical pleasure	+	+	–	0	0	0	–	–	–
Enjoy close friends	+	+	0	0	+	0	–	–	–
Concern about lack of respect	–	–	0	+	0	0	+	+	0

Legend: + = Appeal met with positive sympathy

0 = Appeal met with questionable sympathy

– = Appeal met with very little sympathy